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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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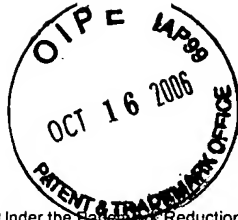
| | | | |
|---|----------------------|------------------------|--------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/076,365 | |
| | Filing Date | February 19, 2002 | |
| | First Named Inventor | Toshiyuki MITSUBORI | |
| | Art Unit | 2625 | |
| | Examiner Name | A. H. Lam | |
| Total Number of Pages in This Submission | 26 | Attorney Docket Number | 325772028000 |

ENCLOSURES (Check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Receipt Postcard Form PTO/SB/08a/b 2 JP references with translations |
| <div>Remarks</div> | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------------|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP | | |
| Signature | | | |
| Printed name | Deborah S. Gladstein | | |
| Date | October 16, 2006 | Reg. No. | 43,636 |



PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

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| <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> | | Complete if Known | |
|---|----------------------|---|-------------------------|
| FEE TRANSMITTAL For FY 2006 | | Application Number | 10/076,365 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | February 19, 2002 |
| | | First Named Inventor | Toshiyuki MITSUBORI |
| | | Examiner Name | A. H. Lam |
| | | Art Unit | 2625 |
| TOTAL AMOUNT OF PAYMENT | (\$) 2,820.00 | Attorney Docket No. | 325772028000 |
| METHOD OF PAYMENT (check all that apply) | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | | | |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | |
| <u>Application Type</u> | <u>Filing Fees</u> | <u>Search Fees</u> | <u>Examination Fees</u> |
| | <u>Small Entity</u> | <u>Small Entity</u> | <u>Small Entity</u> |
| <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
| Utility | 300 | 150 | 500 |
| Design | 200 | 100 | 250 |
| Plant | 200 | 100 | 50 |
| Reissue | 300 | 100 | 130 |
| Provisional | 200 | 100 | 60 |
| | 300 | 150 | 160 |
| | 500 | 250 | 300 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| 2. EXCESS CLAIM FEES | | | |
| <u>Fee Description</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> |
| Each claim over 20 (including Reissues) | 50 | 25 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 | 100 |
| Multiple dependent claims | 360 | 180 | 180 |
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| 64 | - 38 = 26 | x 50.00 = | 1,300.00 |
| HP = highest number of total claims paid for, if greater than 20. | | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| 15 | - 8 = 7 | x 200.00 = | 1,400.00 |
| HP = highest number of independent claims paid for, if greater than 3. | | | |
| 3. APPLICATION SIZE FEE | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> |
| - 100 = | /50 | (round up to a whole number) x | = |
| 4. OTHER FEE(S) | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | <u>Fees Paid (\$)</u> |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | | | 120.00 |
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 43,636 |
| Name (Print/Type) | Deborah S. Gladstein | Telephone | (703) 760-7753 |
| | | Date | October 16, 2006 |